IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

COUNTY: NEW CASTLE KENT SUSSEX				
	Plaintiff(s))			
MEDIATION CONFERENCE STATEMENT				
The Mediation Conference Statement is a confidential document intended to assist the mediator prepare for the mediation conference. It should be submitted to the mediator <u>only</u> , at least ten (10) days prior to the scheduled mediation.				
1)	State the facts of the case; and if applicable the nature of any equitable relief being sought.			
2)	With respect to the issue of liability, please complete the following: a) Does this case involve and affirmative defense? If yes, describe. b) State any facts that will bar or diminish any recovery by the plaintiff.			
3)	Provide a concise statement of any other claims (cross-claims, counter-claims or third party claims) and respective defenses thereto:			

a)	Nature and extent of injuries and whether the	ey are permanent.
b)	Nature of any surgical procedures recommend	ded, scheduled, or performed.
c)	Total medical expenses to date:	\$
d)	Future medical expenses:	\$
e)	Loss of earnings to date - Amount:	\$
	For what period:	
f)	Future loss of earnings: Estimated Amount:	\$
	For what period:	
g)	Other special damages (specify nature and amount):	\$
h)	General damages (specify nature and amount):	\$
1.	Punitive damages:	\$
	not a personal injury case, each plaintiff shall si	tate the following with respect to ea

Identify each item of damage and state whether it is supported by documentary evidence

5.

(type and amount):

0.	are subject to contingent fee agreement).	to date and out-of-pocket costs. (Please note if fees
7. against	Please note any liens (e.g., workman's compensany recovery obtained in this case (list any lien	sation, medical providers, etc.) which will be asserted holder and amount).
8. matter	If you are a plaintiff in this action, state the ter :	ms of your demands in order to settle this
9.	If you are a defendant in this action, state the t	erms of offer in order to settle this matter:
	Dated:	Attorney's Signature
		Attorney's Name (Please Print)
		Attorney For: